FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 10 AM 8:59

DOCUMENT # P94000061728 (9)

1. Corporation Name
AMERICAN COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business
351 S CYPRESS RD SUITE 405
POMPANO BEACH FL 33060

Mailing Address
351 S CYPRESS RD SUITE 405
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0513789 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Elect from Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.06, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business
21 SAME
22 Suite, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MORTON, BUDDY
351 S CYPRESS RD SUITE 405
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: Buddy Morton BUDDY MORTON 1.9.95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORTON, BUDDY
STREET ADDRESS	351 S CYPRESS RD SUITE 405
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	~~D~~
NAME	~~ZIMMERMAN, DAVID~~
STREET ADDRESS	~~351 S CYPRESS RD SUITE 405~~
CITY-ST-ZIP	~~POMPANO BEACH FL 33060~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Buddy Morton BUDDY MORTON 1.9.95 305.785.8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103503 CP